

# AIDSImpact

14<sup>th</sup> INTERNATIONAL CONFERENCE

JULY 29<sup>th</sup>-31<sup>st</sup> 2019

LONDON



*Report written by Jayne Kidandy-Stenberg (Knowledge Network for Women Living with HIV, Sweden)*

## **Opening**

The 14th International Aids Conference “AIDSImpact” took place in London and was attended by delegates from 47 countries around the world. The conference focuses on psychosocial issues affecting PLWHIV [People Living With HIV], including children and adolescents, and how we can end AIDS in the world. Topics included children and adolescents, women, transgender women, MSM, stigma and ageing with HIV, among others. In this report, the Knowledge Network will emphasize findings on women and HIV.

The Women’s group of Positively UK opened the conference with a “Catwalk for Power”, introducing themselves with a one-word adjective, owning their space and proving that HIV does not define who they are. The group got a standing ovation as they showed off their beautiful multicolored tailored attires and danced to the Brenda Fassie’s well known song “Vulindlela”.

The stage was then taken over by four young people between the ages of 12 and 15 who talked about growing up with HIV in England, how they individually found out about their status and how the silence from the adults around them has affected them mentally. They talked about the struggles to take their pills, knowing that U=U, trying to be children, being judged for their status, advising the adults that ‘this issue has to be talked about as a family’ and finally leaving us with the powerful slogan ‘DON’T LET THIS DEFINE YOU’.

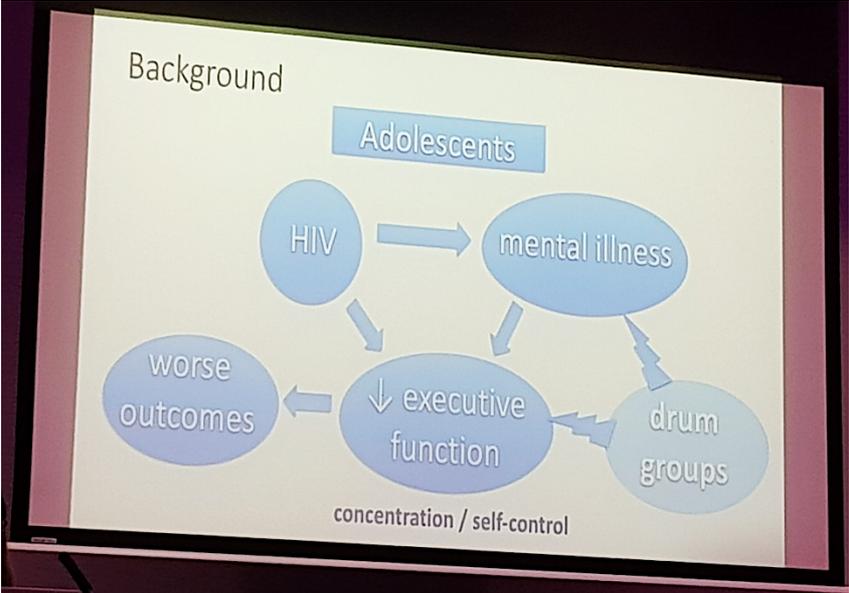
## **Youth and young women in the epidemic**

Globally, there are 1,6 million adolescents living with HIV, where of 74% are girls. Sadly, AIDS related deaths have been reduced for children but not for adolescents.

Mental health platforms and digital tools are being implemented to curtail the epidemic and reduce stigma in youth populations living with HIV/AIDS. These new tools can be effective in improving adolescents’ mental health associated by internalized stigma, bullying and

victimization. Digital tools allow young people - from the comfort of their homes – to talk to doctors, do testing, discuss the use of PrEP and take part in peer support activities, all without having to go to health centers.

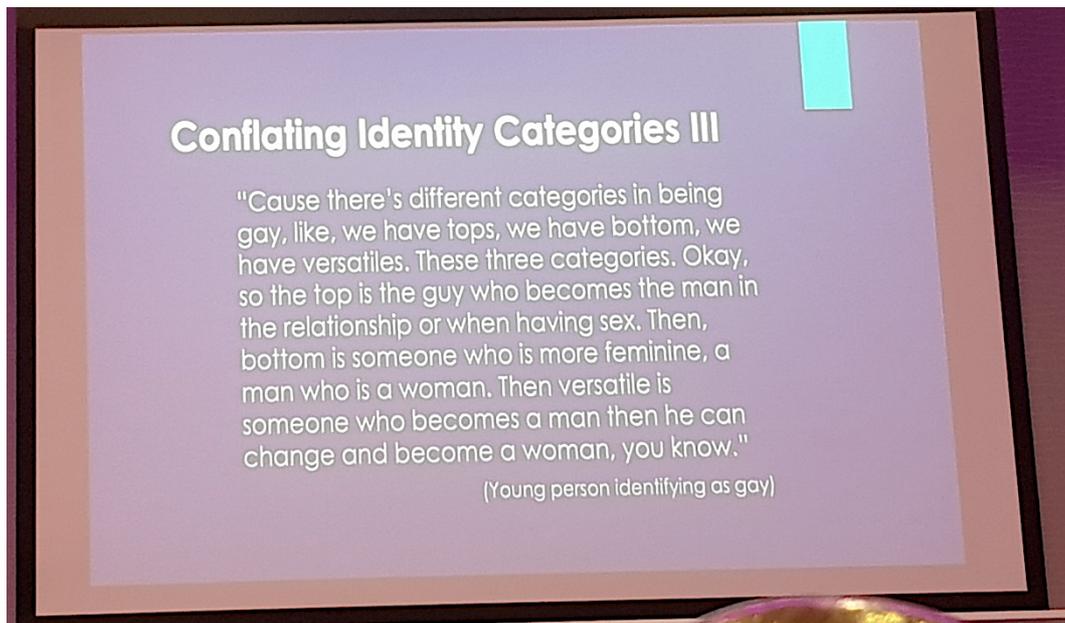
Many studies have been carried out in the UK, Canada, Australia and the USA on how stigma and mental health affect young people. A lot of positive things have been achieved, but more work needs to be done in schools and the general community to create confidence amongst youth and to tackle homo-/biphobia, transphobia and bullying.



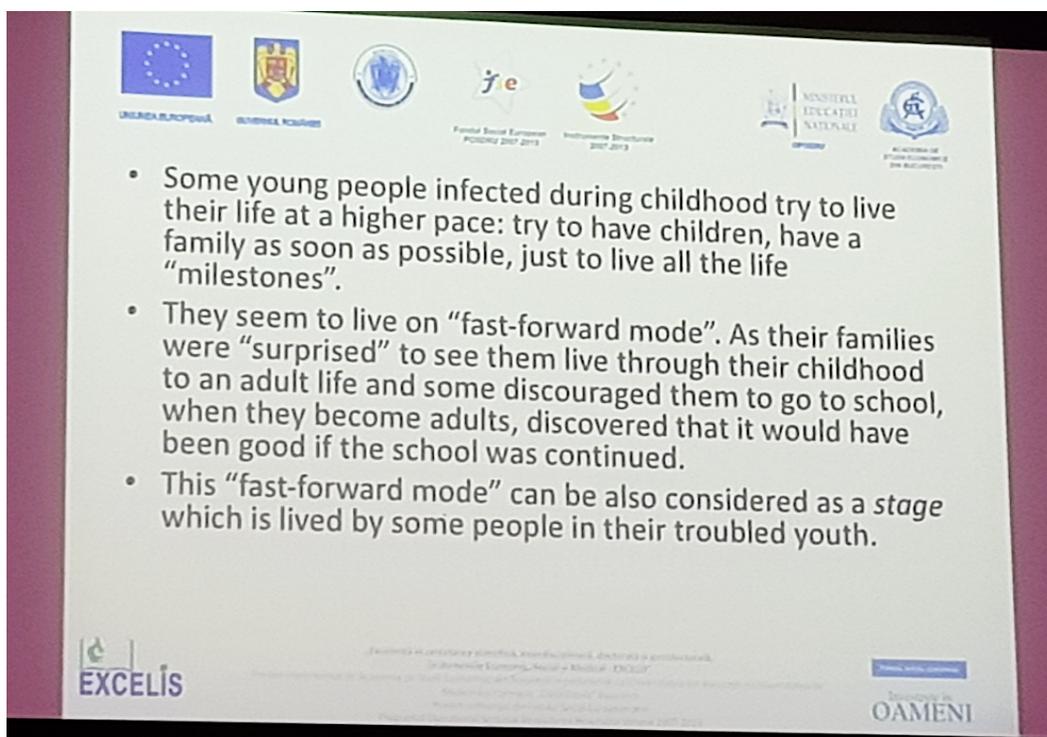
Kirsten Rowe talked about a drumming program that has been set up to help youth drum away their frustrations and anger in rural South Africa

The slide, titled "Toward an integrated and personalized approach", displays a collection of digital health and support services. Logos include MyChoices, LYNX, we prevent, GET CONNECTED, youthrive, and HMP. Text boxes and icons represent various user needs and services: "Interested in home-based PrEP", "Interested in home HIV Testing", "Not sure if you want to test yet?", "HIV—positive and looking for support", "On PrEP?", and "Looking for a space to connect and get support?". A central graphic shows a grid of diverse human faces.

Being able to access information and education around PrEP is vital to reducing the incidences of infection among youth, according Lisa B. Hightow-Weidman who held a presentation on "Innovations in mobile technology for maximizing youth engagement and behavior change in HIV treatment and prevention."



How we put or phrase our questions out to the youth is important (slide from Mark Thomlinsson presentation "Be included, no one should be left behind").



Lazar Florin talked about young people living in "fast-forward mode" in Romania.

## Intersecting stigmas and how they affect women living with HIV

Stigma is a topic that was repeated often during the conference, as it is deep and widespread and affects the range of people living with HIV in many different ways. Stigma, isolation and discrimination go hand in hand. The following slides presented by Bulent Turan describe how intersecting stigmas are experienced by women living in the US:

### Intersecting stigmas experienced by diverse women living with HIV in the US

*"All my life I've always wondered what people discriminated against me for. Is it because I was Black? Is it because I was biracial? I never knew if people were discriminating against me because I was HIV-positive, because I was a woman. .... Like somebody insulted me and like later I'm like what was that for?"*

### Intersecting Stigmas

- One or more co-existing "physical ailments"
  - HIV, epilepsy, cancer, mental health disorders, TB, etc.
- Affiliations with marginalized groups
  - Racial or ethnic identity, sexual orientation, gender, etc.
- Factors attributed by society to one's moral character or behaviors
  - Smoking, alcohol use, sex work, substance use, incarceration, obesity, poverty, etc.

Intersecting Stigmas Experienced by Poor Women in Marginalized Racial/Ethnic Groups Living with HIV

Multiple experiences of stigma and discrimination

Stigma is a significant barrier to the delivery of healthcare services to people who live with HIV and to people who use drugs. There is an urgent need to better understand the layered stigma attached to multiple stigmatizing conditions and its impact on health care.

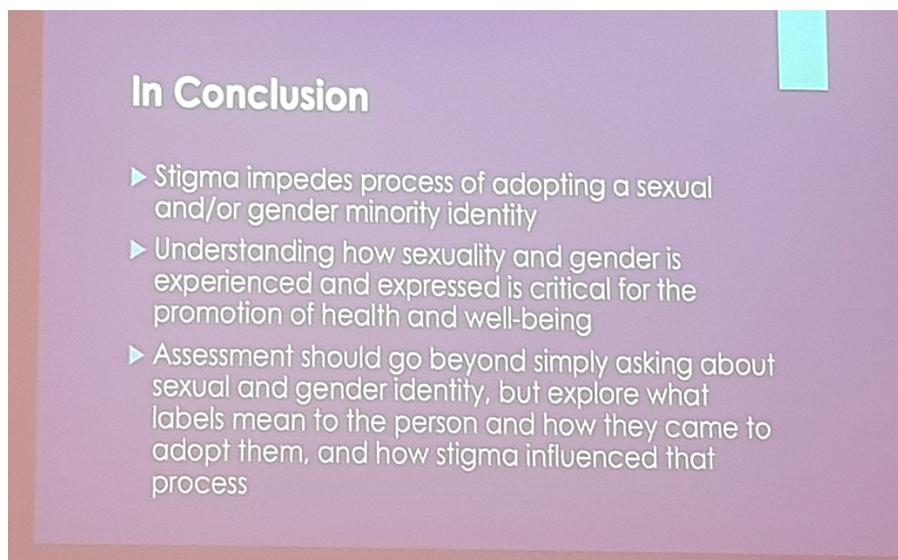
Jeffrey Lazarus informed that 90% of the noted discrimination in the study "Beyond Viral Suppression", was discrimination within the healthcare system. Jeffrey talked about combating stigma and discrimination within the healthcare system by providing self-testing kits to avoid so-called "anticipated stigma".

Anton Pozniak advocated for reducing stigma through:

1. Gettings Laws passed
2. Advocacy
3. Changing the culture

Mark Tomlinson talked about different factors that can generate stigma, among others:

- Labels and language barriers
- Social rejection of same-sex relations
- Lack of information
- Complications in coming out



*Slide from Mark Tomlinson presentation named "Be included, no one should be left behind".*

### **Technology to reduce stigma**

Some scientists have come up with technological solutions designed to combat stigma. "HealthMPowerment" is an online intervention for youth and MSM, designed to reduce risky sexual behaviours and promote health and wellness. This tool is currently being used in the US in order to promote:

- The construction of community networks
- Peer support based on shared experiences
- Reinforcement of positive behavioural norms
- Reduction of social Isolation
- Engagement in stigma discussions linked to HIV related outcomes

### **Women and sexworkers**

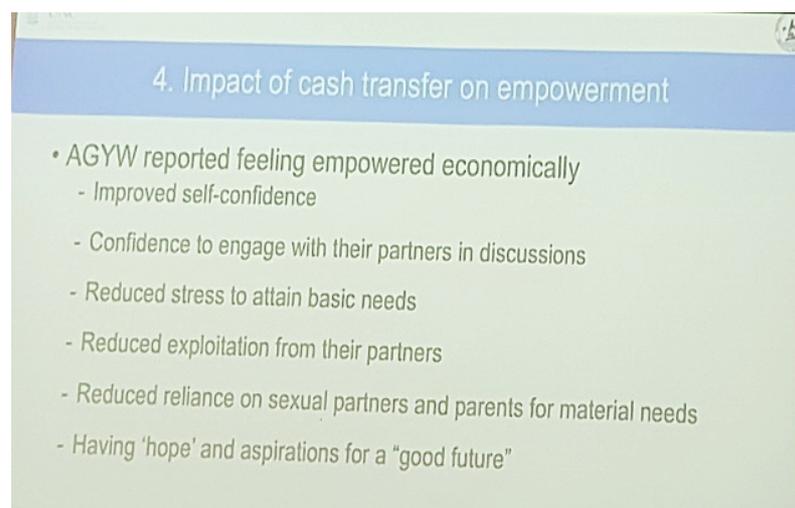
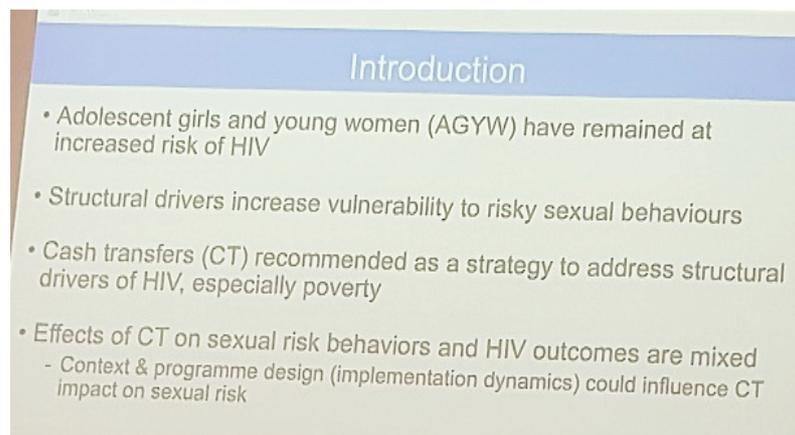
A lot of studies have been done on the impact of HIV on the lives of women living with HIV and sex workers, mainly in South Africa and Botswana. The results presented at the

conference showed that HIV and AIDS are still prevalent in this part of the world and that efforts are needed if these countries are to “catch up” with the rest of the world. The socioeconomic system attributes to this, according to Anne Cockcroft. Adolescent girls and young women (AGYW) have remained at an increased risk of HIV because of their socioeconomic status.

It was established that lack of economic resources and education were the main factors attributed to women dropping out of school, and also for many getting into the business of selling sex to survive. The studies identified 3 motivations that could discourage women from dropping out of school or becoming sex workers:

- Internal Motivation – i.e take control of the resources around them
- External Motivation – get someone to take care of their child(ren) so they can go back to school
- Relational Motivation – motivation from outside the family

Also, cash transfers (CT) were recommended as a strategy to boost adolescent girls and young women’s socioeconomic status and thus reduce HIV infections among them.



*Slides from Margaret Gichane's presentation on "The impact of cash transfers on adolescent girls and young women in Tanzania"*

### Mother-to-child transmission

As of 2018 there were 1,74 million children living with HIV in the world. Of these, only 54% receive care and treatment. The target for ensuring that 95% of children had treatment fell short at 82%. To prevent HIV among children, one must end the mother-to-child transmissions. One way of doing that is by taking services to the mothers instead of expecting mothers to come to the services.

Priscilla Idele, deputy director of "UNICEF Innocenti", put out the question on whether ending AIDS in children is a "pipe dream". UNAIDS policy makers hope that by 2030 children can be born HIV free and stay HIV free, as well as receive medications if they already have HIV, hence the "START FREE, STAY FREE, AIDS FREE" policy.



Children expressing their feelings towards HIV through art.

### Transgender women

There were not that many new findings presented on trans women, but one fact that was clear was that transgender women still account for many new HIV infections globally. In Brazil, trans women account for 54% of new infections, according to Maria Amelia Veras who held a presentation on "HIV rising among Latin American MSM and the burden among transgender women". She asked "is PrEP the answer?". We are still to find out. For a more detailed statement on trans people and HIV from AIDS Impact, please see [this report](#).

### Ending AIDS – U=U

In 2014, UNAIDS launched their campaign "90-90-90", which entails that by 2020 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression.

Professor Kevin Fenton informed that the UK had by 2016-2017 surpassed the 90-90-90 targets by achieving 95, 98 and 97% respectively. He stressed that this was largely achieved by giving coverage to HIV testing and increasing the scale of information that went out. He ended the session by stating that London is working towards eliminating HIV transmission by 2030.

After the success of the 90-90-90 goals, a new paradigm has been proposed: a “4th 90 goal” measuring health related quality of life for all people living with HIV and AIDS. Several delegates talked about how the “fourth ninety” could be implemented and measured during the conference, but how it will be applied in practice is yet to see.

People living with HIV achieving viral suppression is key to ending the AIDS epidemic; and the U=U, or Undetectable=Untransmittable, campaign is thus a powerful and empowering message both for the individual and for the global society.



*Text and photos: Jayne Kidandy-Stenberg, Knowledge Network for Women Living with HIV. Kunskapsnätverk för kvinnor som lever med hiv/ Knowledge Network for Women Living with HIV (KN) is a project owned by Posithiva Gruppen (PG) in Sweden.*



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